

United States District Court
Eastern District of New York

ECF

Registration Form - Page 1

[Please type]

Person Information:

Last Name:	Generation (i.e. Jr., Sr., II, III):
First Name:	Middle Name:
Title (i.e. attorney):	Date of Birth:
Last Four Digits Of Your Social Security Number:	
Are you admitted to the bar of the EDNY and, if so, are you a member in good standing? _____ Yes _____ No	
Date admitted: _____	

Office Information:

Office:		
Address 1:		
Address 2:		
Address 3:		
City:	State:	Zip Code:
County:	Country:	Telephone No: ()

User Information:

Law Firm's E'mail Address:
Individual's E'mail Address:
Telephone Number: ()
Fax: ()

United States District Court
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By submitting this form the undersigned agrees to abide by the following rules:

1. This System is for those cases designated by the Court for electronic filing. Use the login and password the Court issues *to electronically file* documents. Use your firm's Pacer login and password *to view* docket sheets or *to view* electronically filed documents.
2. Documents must be submitted electronically only in Portable Document Format (**PDF**).
3. The combination of user identification and password will serve as the signature of the attorney / participant filing the documents. Individuals must protect the security of their passwords and immediately notify the Court if they suspect that their password has been compromised.

Applicant's Signature

Dated: _____

Return your completed form by mail, fax or e'mail to:

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